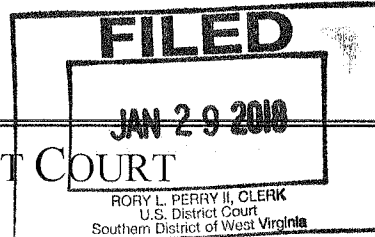


AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

UNITED STATES DISTRICT COURT  
for the



KENITHA FERGUSON

*Petitioner*

v.

ALDERSON FEDERAL PRISON CAMP,  
MR. R. WILSON, WARDEN

*Respondent*

*(name of warden or authorized person having custody of petitioner)*

Case No.

1:18-cv-00180

*(Supplied by Clerk of Court)*

**PETITION FOR A WRIT OF HABEAS CORPUS UNDER 28 U.S.C. § 2241**

**Personal Information**

1. (a) Your full name: KENITHA L. FERGUSON  
(b) Other names you have used: \_\_\_\_\_
2. Place of confinement:  
(a) Name of institution: Alderson Federal Prison Camp  
(b) Address: Post Office Box A, Glen Ray Road  
Alderson, West Virginia 24910
- (c) Your identification number: 75554-061
3. Are you currently being held on orders by:  
☒ Federal authorities      ☐ State authorities      ☐ Other - explain: \_\_\_\_\_
4. Are you currently:  
☐ A pretrial detainee (waiting for trial on criminal charges)  
☒ Serving a sentence (incarceration, parole, probation, etc.) after having been convicted of a crime  
If you are currently serving a sentence, provide:  
(a) Name and location of court that sentenced you: Southern District Court of Ohio  
(b) Docket number of criminal case: 2:16-CR-10-1  
(c) Date of sentencing: August 18, 2016  
☐ Being held on an immigration charge  
☐ Other (explain): \_\_\_\_\_

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

**Decision or Action You Are Challenging**

5. What are you challenging in this petition:

- ☐ How your sentence is being carried out, calculated, or credited by prison or parole authorities (for example, revocation or calculation of good time credits)
- ☐ Pretrial detention
- ☐ Immigration detention
- ☐ Detainer
- ☐ The validity of your conviction or sentence as imposed (for example, sentence beyond the statutory maximum or improperly calculated under the sentencing guidelines)
- ☐ Disciplinary proceedings
- ☐ Other (explain): Administrative Claim Number TRT-MXR-2017-07167

Administrative Claim for Loss of Person Property at Alderson FPC  
some time between August 16, 2017 and September 14, 2017.

6. Provide more information about the decision or action you are challenging:

(a) Name and location of the agency or court: Alderson Federal Prison CampPost Office Box A, Glen Ray Road, Alderson West Virginia 24910(b) Docket number, case number, or opinion number: TRT-MXR-2017-07167

(c) Decision or action you are challenging (for disciplinary proceedings, specify the penalties imposed):

Administrative Settlement - Government Liability in the Amount

of \$50,000.00 for the Violation of HIPPA and Freedom of Information  
Act (FOIA) and Privacy Act (PA).

(d) Date of the decision or action: October 26, 2017**Your Earlier Challenges of the Decision or Action**7. **First appeal**

Did you appeal the decision, file a grievance, or seek an administrative remedy?

☐ Yes ☒ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Docket number, case number, or opinion number: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(b) If you answered "No," explain why you did not appeal: \_\_\_\_\_

8. **Second appeal**

After the first appeal, did you file a second appeal to a higher authority, agency, or court?

☐ Yes

☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Docket number, case number, or opinion number: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

(b) If you answered "No," explain why you did not file a second appeal: \_\_\_\_\_

9. **Third appeal**

After the second appeal, did you file a third appeal to a higher authority, agency, or court?

☐ Yes

☐ No

(a) If "Yes," provide:

(1) Name of the authority, agency, or court: \_\_\_\_\_

(2) Date of filing: \_\_\_\_\_

(3) Docket number, case number, or opinion number: \_\_\_\_\_

(4) Result: \_\_\_\_\_

(5) Date of result: \_\_\_\_\_

(6) Issues raised: \_\_\_\_\_

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(b) If you answered "No," explain why you did not file a third appeal:

10. **Motion under 28 U.S.C. § 2255**

In this petition, are you challenging the validity of your conviction or sentence as imposed?

☐ Yes

☒ No

If "Yes," answer the following:

(a) Have you already filed a motion under 28 U.S.C. § 2255 that challenged this conviction or sentence?

☐ Yes

☒ No

If "Yes," provide:

(1) Name of court:

(2) Case number:

(3) Date of filing:

(4) Result:

(5) Date of result:

(6) Issues raised:

(b) Have you ever filed a motion in a United States Court of Appeals under 28 U.S.C. § 2244(b)(3)(A), seeking permission to file a second or successive Section 2255 motion to challenge this conviction or sentence?

☐ Yes

☒ No

If "Yes," provide:

(1) Name of court:

(2) Case number:

(3) Date of filing:

(4) Result:

(5) Date of result:

(6) Issues raised:

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

- (c) Explain why the remedy under 28 U.S.C. § 2255 is inadequate or ineffective to challenge your conviction or sentence: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

11. **Appeals of immigration proceedings**

Does this case concern immigration proceedings?

☐ Yes

☐ No

If "Yes," provide:

- (a) Date you were taken into immigration custody: \_\_\_\_\_
- (b) Date of the removal or reinstatement order: \_\_\_\_\_
- (c) Did you file an appeal with the Board of Immigration Appeals?

☐ Yes

☐ No

If "Yes," provide:

- (1) Date of filing: \_\_\_\_\_
- (2) Case number: \_\_\_\_\_
- (3) Result: \_\_\_\_\_
- (4) Date of result: \_\_\_\_\_
- (5) Issues raised: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- (d) Did you appeal the decision to the United States Court of Appeals?

☐ Yes

☐ No

If "Yes," provide:

- (1) Name of court: \_\_\_\_\_
- (2) Date of filing: \_\_\_\_\_
- (3) Case number: \_\_\_\_\_

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

- (4) Result: \_\_\_\_\_
- (5) Date of result: \_\_\_\_\_
- (6) Issues raised: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

12. **Other appeals**

Other than the appeals you listed above, have you filed any other petition, application, or motion about the issues raised in this petition?

☐ Yes ☐ No

If "Yes," provide:

- (a) Kind of petition, motion, or application: \_\_\_\_\_
- (b) Name of the authority, agency, or court: \_\_\_\_\_
- \_\_\_\_\_
- (c) Date of filing: \_\_\_\_\_
- (d) Docket number, case number, or opinion number: \_\_\_\_\_
- (e) Result: \_\_\_\_\_
- (f) Date of result: \_\_\_\_\_
- (g) Issues raised: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Grounds for Your Challenge in This Petition**

13. State every ground (reason) that supports your claim that you are being held in violation of the Constitution, laws, or treaties of the United States. Attach additional pages if you have more than four grounds. State the facts supporting each ground.

**GROUND ONE:** Petitioner enter FPC Alderson to serve her sentence imposed by the District Court of Ohio in August 2017. Petitioner came to Alderson with multiple medical issues and verifying medical records. Upon her arrival all records were given to the Medical facility for holding and now all records have been lost or destroyed.

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

Petitioner has made multiple request through the administrative remedy process, and no administrator of Health Services or the Asst. Warden has made any attempt to cure their negligent actions by putting all of my personal information such as identifying information and social security information at risk by losing this information and being unable to locate it.

(b) Did you present Ground One in all appeals that were available to you?

☐ Yes

☒ No

**GROUND TWO:**

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

(b) Did you present Ground Two in all appeals that were available to you?

☐ Yes

☐ No

**GROUND THREE:**

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

(b) Did you present Ground Three in all appeals that were available to you?

☐ Yes

☐ No

AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

**GROUND FOUR:**

(a) Supporting facts *(Be brief. Do not cite cases or law.)*:

(b) Did you present Ground Four in all appeals that were available to you?

☐ Yes

☐ No

14. If there are any grounds that you did not present in all appeals that were available to you, explain why you did not: There are no other grounds at this time.

**Request for Relief**

15. State exactly what you want the court to do: Petitioner seeks for the institution to pay this Administrative claim for the loss of her personal property, which included all of her identifying information.

" caused by the negligence of an officer or employee of the United States Government acting within the scope of their employment.

Administrative Claim Amount to be paid. \$50,000.00



AO 242 (12/11) Petition for a Writ of Habeas Corpus Under 28 U.S.C. § 2241

**Declaration Under Penalty Of Perjury**

If you are incarcerated, on what date did you place this petition in the prison mail system:

January 24, 2018

I declare under penalty of perjury that I am the petitioner, I have read this petition or had it read to me, and the information in this petition is true and correct. I understand that a false statement of a material fact may serve as the basis for prosecution for perjury.

Date: 1/24/2018

  
Signature of Petitioner

\_\_\_\_\_  
Signature of Attorney or other authorized person, if any



U.S. Department of Justice

Federal Bureau of Prisons

Beckley Consolidated Legal Center

---

1600 Industrial Park Road, P.O. Box 1280  
Beaver, West Virginia 25813

October 23, 2017

Kenitha Ferguson  
Reg. No. 75554-061  
FPC Alderson  
P.O. Box A  
Alderson, WV 24910

Re: Administrative Claim Number TRT-MXR-2017-07167

Dear Ms. Ferguson:

This will acknowledge receipt on October 10, 2017, of your administrative claim for loss of personal property at FPC Alderson sometime between August 16, 2017 and September 14, 2017. You claim a sum certain of \$50,000.00.

The above-referenced claim has been accepted and considered for administrative settlement under 31 U.S.C. § 3723. We have six months from the date of receipt of your claim in this office, to review, consider, and adjudicate your claim. This statute provides for the payment of claims which are "caused by the negligence of an officer or employee of the United States Government acting within the scope of their employment."

Should your claims include an allegation of loss of or damage to personal property, pursuant to 28 C.F.R., § 14.4(c), you are required to include with your claim an itemized list of the property lost or damaged. If possible, for each item, please state its value, date and place of purchase. If the property was purchased in a Federal institution, submit the commissary receipt. If the property was not purchased in a Federal institution, submit a copy of the receipt of purchase. If you do not have a receipt please state as such, and list the place purchased, for example: name of store, address, state, date and cost for each item alleged lost or damaged. Failure to respond within 30 days of this letter will delay the investigation of your claim. ***If you have already included the above information and receipts, please do not re-submit.***

All correspondence regarding this claim should be addressed to: Beckley Consolidated Legal Center, P.O. Box 1280, Beaver, WV 25813. When corresponding with this office regarding this tort claim please refer to the above tort claim number. If you have any questions about the status of your claim or if the circumstances surrounding this claim change in any fashion, contact this office immediately. **Also, should your address change, please advise accordingly.**

Sincerely,

A handwritten signature in black ink, appearing to read "Debbie Stevens", is written over the word "Sincerely,".

Debbie Stevens  
Supervisory Attorney



**U.S. Department of Justice**

Federal Bureau of Prisons

*Beckley Consolidated Legal Center*

---

1600 Industrial Park Road, P.O. Box 1280  
Beaver, West Virginia 25813

October 26, 2017

Kenitha Ferguson  
Federal Reg. No. 75554-061  
FPC Alderson  
PO Box A  
Alderson, WV 24910

Re: Administrative Claim Number TRT-MXR-2017-07167

Dear Ms. Ferguson:

Your claim has been accepted and considered for administrative settlement under 31 U.S.C. § 3723. You claim government liability in the amount of \$50,000 for the violation of HIPPA and the Freedom of Information Act (FOIA) and Privacy Act (PA).

Title 31 U.S.C. § 3723 is not the proper avenue for bringing a HIPPA or FOIA/PA claim. Accordingly, your claim is denied. This is a formal denial of your claim. There is no judicial review for claims decided pursuant to 31 U.S.C. § 3723. You may, however, request in writing that the Bureau reconsider your claim. Your request for reconsideration must be submitted within three months of the date of the mailing of this letter. You must include additional evidence of the damage of loss to support your request for reconsideration.

Sincerely,

  
Matthew W. Mellady  
Regional Counsel

BP-A0408

APR 10

## ACKNOWLEDGMENT OF INMATE, PART 3 &amp; 4 CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

## 3. MONITORING OF INMATE TELEPHONE CALLS

The Bureau of Prisons reserves the authority to monitor (this includes recording) conversations on any telephone located within its institutions, said monitoring to be done to preserve the security and orderly management of the institution and to protect the public. An inmate's use of institutional telephones constitutes consent to this monitoring. A properly placed phone call to an attorney is not monitored. You must contact your unit team to request an unmonitored attorney call.

I have read or had read to me (cross out one) the above notification on the monitoring of inmate telephone calls. I understand that telephone calls I make from institution telephones may be monitored and recorded.

Signature of Inmate: Kerry R. Jey Date: 8/10/17

I hereby certify that the above information was (cross out incorrect statements) (provided to the inmate to read) and/or was (read and fully explained by me to the above inmate). The inmate (signed)/(refused) to sign.

Printed Name/Signature of Staff Member: B. Blake / BB Blake Date: 8-10-17

## 4. NOTIFICATION IN CASE OF DEATH/ILLNESS, DISPOSITION OF PROPERTY

In the event I should die, I direct that my Spouse, whose name is Jan Harrington

(Relationship)

and whose address is 221 Higher Creek Lane (Street) Reynoldsburg OH (City) 43068 (Zip Code)

(603) (603) 1993 be notified.  
(Telephone Number)

In the event the Bureau of Prisons staff is unable to locate the above designated person, following a reasonable search, I authorize the substitution of the following person in his or her stead.

(Mary Blaw) (Name) (Mother) (Relationship) (All Franklin Ave Apt 20 Columbus, OH 43205) (Address) ((614) 258-5165) (Telephone Number)

I authorize the Bureau of Prisons to transmit my property and personal effects including money remaining to my credit in, or due me from the Bureau of Prisons to my next of kin in accordance with state law.

I agree further that disposition may be made of my personal property located within the prison facility, including clothing, in accordance with the rules and regulations of the Bureau of Prisons.

In case of serious illness or other emergency the above named persons may be contacted to be notified of my condition. I also desire and authorize that the following be notified.

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NO.
<u>Julia Pearson</u>	<u>Sister</u>	<u>1797 Henshaw Ct Columbus, OH 43227</u>	<u>(614) 946-5202</u>
<u>Michael Pearson</u>	<u>Father</u>	<u>6240 Wexford Ct Mowatt, OH 43537</u>	<u>(419) 703-8982</u>

Signature of Inmate: Kerry R. Jey Date: 8/10/17

I hereby certify that the above notification was (cross out incorrect statements) (provided to the inmate to read) and/or was (read and fully explained by me to the above named inmate) before the inmate (voluntarily signed)/(refused to sign) this notification, this 10th day of August, 20 17.

Printed Name/Signature of Staff Member: B. Blake / BB Blake Date: 8-10-17

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Medeen Mrs Bailey	DATE: 8/16/17
FROM: Kenitha Peterson	REGISTER NO.: 75554-061
WORK ASSIGNMENT: A9.0	UNIT: A1

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I Received medical paper but it does not state any of my work restrictions. Meaning no one told the time out to review my medical records which entails I have limitations. So there are certain things I can & cannot do. PLEASE Review my Medical Records & Review my Restrictions. I

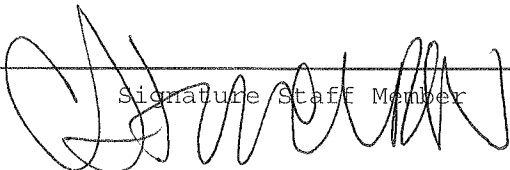
Thank you  
I Cannot do certain things per my doctor's orders. Tells why I wear my medical devices cause my disabilities limits me from doing certain things

(Do not write below this line)

DISPOSITION:

Appt scheduled - monitor  
call-out

C. Stover, RN  
FPC Alderson, WV

Signature Staff Member 	Date 8/20/17
---	-----------------

E.A.

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



PRINTED ON RECYCLED PAPER



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>MS. <del>D. Taylor</del> Taylor</i>	DATE: <i>8/23/17</i>
FROM: <i>Kenitha Ferguson</i>	REGISTER NO.: <i>75554-061</i>
WORK ASSIGNMENT: <i>CDR</i>	UNIT: <i>A'</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*HELLO I'm Requesting a copy of my Medical Records that I brought into the facility w/ me. It should be already scanned into my file. I need a copy of my doctor's instructions & recommendations Thank you*

(Do not write below this line)

## DISPOSITION:

Your name has been added to the waiting list for medical records. Please watch the call-out for the date and time to pick-up the requested copies. Thank you.

*OK*

Signature Staff Member <i>[Signature]</i> D. Taylor, HIT FPC Alderson, WV	Date <i>8/30/17</i>
--	------------------------

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

Inmate  
Copy

RECEIPT - ADMINISTRATIVE REMEDY

DATE: SEPTEMBER 20, 2017

FROM: ADMINISTRATIVE REMEDY COORDINATOR  
ALDERSON FPC

TO : KENITHA L FERGUSON, 75554-061  
ALDERSON FPC UNT: 2 QTR: A01-211L

THIS ACKNOWLEDGES THE RECEIPT OF THE ADMINISTRATIVE REMEDY REQUEST  
IDENTIFIED BELOW:

REMEDY ID : 915568-F1  
DATE RECEIVED : SEPTEMBER 15, 2017  
RESPONSE DUE : OCTOBER 5, 2017  
SUBJECT 1 : MEDICAL RECORDS  
SUBJECT 2 :

Inmate  
Copy

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: Ferguson, Kenitha L 75554-061 A1 Anderson FPC  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I sent a request for a copy of my medical records. I seen Ms. Taylor today who hands me about appears to be my medical records. I advised her these were not all my medical records. I'm missing several documents. I asked she stated she didn't have them. I advised her all the records I brought into this facility some were original paperwork. Last month I asked a nurse about my medical records 8/22 or 8/23. She stated everything I brought in was scanned into the system. How is it that not even 30 days later Ms Taylor states she didn't have them. I'm requesting a copy of All my medical records from 8/10/17 until now. Including every medical record I brought into this facility. If cannot produce my documents then I'm going to the next level. I take my health very serious. This is apart of my privacy and if staff lost them or threw them away anyone can get ahead of my personal information. Also violation of HIPAA.

9/14/17

DATE

K. Jay

SIGNATURE OF REQUESTER

Part B- RESPONSE

Received

NOV 30 2017

Bureau of Prisons  
MARO Regional Counsel

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 915568-R1

CASE NUMBER: 915568-F1

Part C- RECEIPT

Return to: Ferguson, Kenitha 75554-061 A1 Anderson  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: Medical Records

9-25-17

DATE

J. Weisling

RECIPIENT'S SIGNATURE (STAFF MEMBER)



Response to Administrative Remedy  
915568-F1

This is in response to your Request for Administrative Remedy received on September 15, 2017, in which you allege that your medical records that you brought to FPC Alderson are incomplete and you are missing copies of your medical records. You are requesting entire medical records.

Staff involved have been interviewed and report that due to continuity of care, all of the civilian medical records, that were not requested by the Bureau of Prison, were scanned into BEMR, the Bureau of Prisons Electronic Medical Record. Once these records are scanned into BEMR, the paper copies are filed, stored, and signed out behind locked doors.

Medical records can be requested after a Release of Information has been signed by the inmate. This request has not been completed by you at this current time; therefore, we cannot request medical records. Accommodations have been made by the Medical Department for you to complete this request.

This response is for informational purposes only. If you are dissatisfied with this response, you may appeal to the Mid-Atlantic Regional Director. Your appeal must be received by the Regional Administrative Remedy Coordinator, Federal Bureau of Prisons, Mid-Atlantic Regional Office, 302 Sentinel Drive, Suite 200, Annapolis Junction, MD 20701, within twenty (20) calendar days from the date of this response.



David R. Wilson, Warden

9-25-17

Date

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: Felton, Kenisha L 7554-061 A3 Anderson  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I'm requesting an appeal on my request to the warden's response as of today I had to fill out a need request for my doctors to send in a copy of my medical records. Which the warden stated I need to do. But however they never supplied me with all my medical records I provided to the institution when I came to Sholm. I ask for a copy and they never gave me all of them. I still asked and got nothing. The medical staff here lost my medical records and have no means of providing me with my originals. This is a violation of 28 C.F.R. 14.4 (C) and under 31 U.S.C. § 3723. Negligence of an officer or employee of the United States government acting within the scope of their employment. MS. Stover even acknowledge that they received them and they all were scanned into my file.

Kenisha L. Requesting to have a copy of all my medical records that was provided when I came to Anderson APC in Sholm.

12/16/17  
DATE

Kenisha L. Felton  
SIGNATURE OF REQUESTER

Part B - RESPONSE

Received

DEC 18 2017

Bureau of Prisons  
MARO Regional Counsel

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 915568-R2

Part C - RECEIPT

CASE NUMBER: \_\_\_\_\_

Return to: \_\_\_\_\_  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL



REGIONAL ADMINISTRATIVE REMEDY APPEAL  
PART B - Response

Date Filed: December 18, 2017

Remedy ID No.: 915568-R2

You appeal the Warden's response to your request for administrative remedy. You claim you did not receive all your medical records you brought with you to FPC Alderson from your outside civilian doctors that you requested from the medical department. You request to be given your medical records.

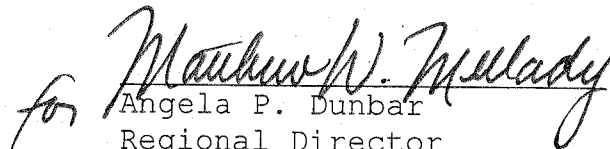
A review of your medical records indicates on September 14, 2017, you received 14 pages of medical records that were from your outside civilian doctors. These records were scanned in on August 11, 2017, after your arrival to FPC Alderson. There have been multiple requests for outside medical records to be sent to the institution. Once these are received you may request them as well.

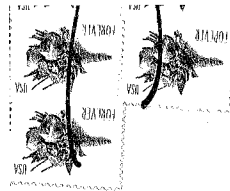
You are encouraged to continue to work with your primary care provider team for your health care related issues and concerns.

This response is for informational purposes only. If you are dissatisfied with this response, you may appeal to the General Counsel, Federal Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. Your appeal must be received in the General Counsel's Office within 30 days from the date of this response.

JAN 05 2018

Date \_\_\_\_\_

for   
Angela P. Dunbar  
Regional Director  
Mid-Atlantic Region



354-061  
Kenitha Ferguson  
A3  
PO BOX A  
Federal Prison CAMP  
Alderson, WV 24810  
United States

75554-061  
United States District Court  
Southern District of WV  
801 Federal ST  
Rm223 Elizabeth Kee Bldg  
Bluefield, WV 24701  
United States

U.S. MARSHAL SERVICE  
BY \_\_\_\_\_